



08/02/2022

SENT VIA E-MAIL TO : NA

Jonathan Shockley
1000 Sutter St.
San Francisco, California 94109

Re: Claim Number:	040519008736
Policy Number:	71738154/090
Employer:	Biotelemetry Inc.
Employee:	Jonathan Shockley
Date of Accident:	2/15/2019
Writing Company:	CHUBB INDEMNITY INSURANCE COMPANY

NOTICE REGARDING PERMANENT DISABILITY BENEFITS PAYMENT TERMINATION

Dear Jonathan Shockley,

Chubb is handling your workers' compensation claim on behalf of Biotelemetry Inc.. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

Payments are ending because your claim settlement was approved 7/14/2022. A copy of the report is attached to this notice.

Benefits paid to you total \$ 20,631.43. Benefits were paid to you as Permanent Disability. Period(s) paid were from 03/12/2021 through 07/22/2022 at \$ 290.00 per week. Please see the attached detailed payment record for specific periods and amount paid.

Additionally, you have received 10% self-imposed increases totaling \$ 265.14.

The termination of Permanent Disability benefits is based on the comprehensive medical evaluation of Qualified Medical Evaluator Dr. Stoller dated 02/24/2022. If you dispute the results of the evaluation, you may file an Application for Adjudication of Claim with the WCAB.

If you are represented, you may contact your attorney with any questions.

Additional information may be found in the publication ***Workers' Compensation in California: A Guidebook for Injured Workers***. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation.

Guidebook for Injured Workers:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Temporary Disability is discussed in chapter 5 of the Guidebook.

Chapter 5: Temporary Disability: <http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter5.pdf>

Permanent Disability is discussed in chapter 7 of the Guidebook.

Chapter 7: Permanent Disability: <http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter7.pdf>

Chapter 4: Resolving Problems with Medical Care & Medical Reports

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call, Mario Castro at 213.612.5378. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not Mario Castro.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an Information and Assistance (I&A) Officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800)736-7401.

Si usted prefiere recibir esta carta en español, por favor llame al numero 213.612.5378.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,

Mario Castro

Mario Castro
213.612.5378

cc:
Biotelemetry, Inc
ATTN: HUMAN RESOURCES
33 New Montgomery St,
San Francisco, CA 94105
Personal & Confidential

Farber & Co
333 Hegenberger Road, #504
Oakland, CA 94621

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Medical Report